

**UNITED STATES PATENT & TRADEMARK OFFICE**  
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REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 11/21/08		2 Serial/Patent # 10/599,173										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time	WFEE	09/30/08	\$ 1,050.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 1,050.00							
8 TO BE REFUNDED BY:												
10 REASON:		Treasury Check										
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:									
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>			1	9	--	1	9	7	0
1	9	--	1	9	7	0						
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
Extension of time filed outside maximum extendable period for reply.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Andrea M. Smith		TITLE: Petitions Examiner										
SIGNATURE: /Andrea M. Smith/		PHONE: 2-3226										
OFFICE: Office of Petitions												
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APPROVED: _____			DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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# Electronic Acknowledgement Receipt

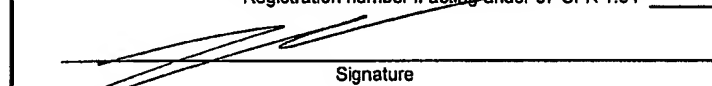
*Wjll*

<b>EFS ID:</b>	4036920
<b>Application Number:</b>	10599173
<b>International Application Number:</b>	
<b>Confirmation Number:</b>	5331
<b>Title of Invention:</b>	Biological Information Measuring Garment Having Sensor, Biological Information Measuring System and Equipment, and Control Method of Equipment
<b>First Named Inventor/Applicant Name:</b>	Shinya Nagata
<b>Customer Number:</b>	62574
<b>Filer:</b>	Jason Vick/Christine Jacquet
<b>Filer Authorized By:</b>	Jason Vick
<b>Attorney Docket Number:</b>	5553NA3-1
<b>Receipt Date:</b>	30-SEP-2008
<b>Filing Date:</b>	05-JUL-2007
<b>Time Stamp:</b>	18:20:31
<b>Application Type:</b>	U.S. National Stage under 35 USC 371

## Payment information:

Submitted with Payment	yes	Adjustment date: 11/26/2008 LDTED1 10/01/2008 INTEFSW 00010627 191970 10599173 02 FC:1253 1050.00 CR
Payment Type	Deposit Account	
Payment was successfully received in RAM	\$2590	
RAM confirmation Number	10627	
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<p>The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:</p> <p>Charge any Additional Fees required under 37 C.F.R. Section 1.19 (Document supply fees)</p> <p>Charge any Additional Fees required under 37 C.F.R. Section 1.20 (Post Issuance fees)</p>		

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) <b>5553NA3-1 Confirmation No. 5331</b>	
Application Number <b>10/599,173</b>		Filed <b>07/05/2007</b>	
For <b>Biological Information Measuring Garment Having Sensor, Biological Information Measuring System and</b>			
Art Unit <b>3735</b>		Examiner <b>SAIDI</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <b>1050</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45285</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		September 30, 2008 _____ Date	
Jason H. Vick _____ Typed or printed name		(303) 863-9700 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>one (1)</u> forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*